

**STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN**

**1**

**MONTHLY FINANCIAL REPORTING FORM**

		1
1.	FOR THE MONTH ENDING:	January 31, 2002
2.	Name:	Dental Health Services
3.	File Number:(Enter last three digits)                      933-0	059
4.	Date Incorporated or Organized:	June 1, 1982
5.	Date Licensed as a HCSP:	n/a
6.	Date Federally Qualified as a HCSP:	n/a
7.	Date Commenced Operation:	Jun-82
8.	Mailing Address:	3833 Atlantic Avenue, Long Beach, CA 90807
9.	Address of Main Administrative Office:	3833 Atlantic Avenue, Long Beach, CA 90807
10.	Telephone Number:	(562) 595-6000
11.	HCSP's ID Number:	
12.	Principal Location of Books and Records:	3833 Atlantic Avenue, Long Beach, CA 90807
13.	Plan Contact Person and Phone Number:	Godfrey Pernell, DDS, (562) 595-6000
14.	Financial Reporting Contact Person and Phone Number:	Mehdi Moussavi, (562) 595-6000
15.	President:*	Godfrey Pernell, DDS
16.	Secretary:*	Gary Pernell
17.	Chief Financial Officer:*	Mehdi Moussavi
18.	Other Officers:*	Robert Tillery - Vice President of Health Services
19.		
20.		
21.		
22.	Directors:*	
23.		Godfrey Pernell, DDS
24.		Gary Pernell
25.		Wayne Pernell
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President

Godfrey Ferrell, DDS

33. Secretary

Sign

34. Chief Financial Officer

Mehdi Mousavi

\* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

35. If this is a revised filing, check here:

☐

36. If all dollar amounts are reported in thousands (000), check here

☐

Check My Work.

**STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN**

## MONTHLY FINANCIAL REPORTING FORM

### SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	No <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	Yes <input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="v"/>

## STATEMENT AS OF 1-31-2002 OF 933-0059 Dental Health Services

## REPORT #1 ---- PART A: ASSETS

1	2
<b>CURRENT ASSETS:</b>	Current Period
1. Cash and Cash Equivalents	1,295,305
2. Short-Term Investments	768,858
3. Premiums Receivable - Net	376,228
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	76,563
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	262,764
11. TOTAL CURRENT ASSETS (Items 1 to 10)	2,779,718
<b>OTHER ASSETS:</b>	
12. Restricted Assets	450,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	8,153
18. TOTAL OTHER ASSETS (Items 12 to 18)	458,153
<b>PROPERTY AND EQUIPMENT</b>	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	68,680
21. Computer Equipment - Net	33,600
22. Leasehold Improvements -Net	31,814
23. Construction in Progress	
24. Software Development Costs	59,237
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	193,331
27. TOTAL ASSETS	3,431,202
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS</b>	
1001. Related parties	234,795
1002. Other recievable	-31
1003. Deferred taxes	28,000
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	262,764
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS</b>	

1701.	Other assets	8,153
1702.		
1703.		
1704.		
1798.	Summary of remaining write-ins for Item 17 from overflow page	
1799.	TOTALS (Items 1701 thru 1704 plus 1798)	8,153
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT</b>		
2501.		
2502.		
2503.		
2504.		
2598.	Summary of remaining write-ins for Item 25 from overflow page	
2599.	TOTALS (Items 2501 thru 2504 plus 2598)	0

## STATEMENT AS OF 1-31-2002 OF 933-0059 Dental Health Services

## REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
<b>CURRENT LIABILITIES:</b>	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	754,241	XXX	754,241
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	3,000		3,000
4. Incurred But Not Reported Claims	92,000		92,000
5. POS Claims Payable (Reported)		96,000	96,000
6. POS Incurred But Not Reported Claims		126,000	126,000
7. Other Medical Liability			0
8. Unearned Premiums	241,771	XXX	241,771
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	172,720	0	172,720
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	1,263,732	222,000	1,485,732
<b>OTHER LIABILITIES:</b>			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	256,000	XXX	256,000
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	256,000	XXX	256,000
19. TOTAL LIABILITIES	1,519,732	222,000	1,741,732
<b>NET WORTH</b>			
20. Common Stock	XXX	XXX	300
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	668,421
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	892,773
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	127,976
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	1,689,470
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	3,431,202
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES</b>			
1101. Retirement plan payable	172,720		172,720
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	172,720	0	172,720
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES</b>			
1701. Deferred tax liabilities	256,000	XXX	256,000
1702.		XXX	0

1703.		XXX	0
1704.		XXX	0
1798.	Summary of remaining write-ins for Item 17 from overflow page	XXX	0
1799.	TOTALS (Items 1701 thru 1704 plus 1798)	256,000	XXX
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS</b>			
2501.	Unrealized gain/(loss) mkt securities	XXX	XXX
2502.		XXX	XXX
2503.		XXX	XXX
2504.		XXX	XXX
2598.	Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX
2599.	TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX

## STATEMENT AS OF 1-31-2002 OF 933-0059 Dental Health Services

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
<b>REVENUES:</b>		
1. Premiums (Commercial)	863,315	7,774,825
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)	173,568	1,491,934
8. Interest	1,928	64,300
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	0	-3,853
11. TOTAL REVENUE (Items 1 to 10)	1,038,811	9,327,206
<b>EXPENSES:</b>		
<b>Medical and Hospital</b>		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	441,593	4,029,845
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	226,272	1,238,032
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	104,149	1,006,922
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	772,014	6,274,799
<b>Administration</b>		
25. Compensation	90,574	1,080,020
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	29,293	314,654
28. Management Fees		
29. Marketing	81,218	593,954
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	58,579	660,906
32. TOTAL ADMINISTRATION (Items 25 to 31)	259,664	2,649,534
33. TOTAL EXPENSES	1,031,678	8,924,333
34. INCOME (LOSS)	7,133	402,873
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)	7,133	402,873
<b>NET WORTH:</b>		
38. Net Worth Beginning of Period	2,837,371	2,450,812



39.	Audit Adjustments		
40.	Increase (Decrease) in Common Stock		
41.	Increase (Decrease) in Preferred Stock		
42.	Increase (Decrease) in Paid in Surplus		
43.	Increase (Decrease) in Contributed Capital		
44.	Increase (Decrease) in Retained Earnings:		
45.	Net Income (Loss)	7,133	402,873
46.	Dividends to Stockholders	-1,165,170	-1,165,170
47.	Aggregate Write-Ins for Changes in Retained Earnings	0	0
48.	Aggregate Write-Ins for Changes in Other Net Worth Items	10,136	955
49.	NET WORTH END OF PERIOD (Items 38 to 48)	1,689,470	1,689,470

## STATEMENT AS OF 1-31-2002 OF 933-0059 Dental Health Services

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES</b>		
1001. Other income		-3,853
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	0	-3,853
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES</b>		
2301. Other medical expenses	104,149	1,006,922
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	104,149	1,006,922
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES</b>		
3101. Other expenses	58,579	660,906
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	58,579	660,906
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS</b>		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS</b>		
4801. Unrealized gain/(loss) mkt securities	10,136	955
4802.		

4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	10,136	955

**REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)**

1	2	3
	Current Period	Year-to-Date
<b>CASH FLOW PROVIDED BY OPERATING ACTIVITIES</b>		
1. Group/Individual Premiums/Capitation	1,137,512	9,129,264
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	943,159	499,615
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-759,940	-6,227,362
8. Administration Expenses	-237,707	-2,545,664
9. Federal Income Taxes Paid		503,000
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	1,083,024	1,358,853
<b>CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		-448,123
17. Payments for Property, Plant and Equipment	-885	-61,458
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-885	-509,581
<b>CASH FLOW PROVIDED BY FINANCING ACTIVITIES:</b>		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid	-1,165,170	-1,165,170
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-1,165,170	-1,165,170
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-83,031	-315,899
28. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD	1,378,336	1,611,204
29. CASH AND CASH EQUIVALENTS AT END OF PERIOD	1,295,305	1,295,305
<b>RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:</b>		
30. Net Income	7,133	402,873
<b>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</b>		
31. Depreciation and Amortization	5,893	42,413
32. Decrease (Increase) in Receivables	-28,054	-178,124
33. Decrease (Increase) in Prepaid Expenses	4,141	-30,680
34. Decrease (Increase) in Affiliate Receivables	941,254	941,810
35. Increase (Decrease) in Accounts Payable	-28,551	-39,600
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	38,000	72,000
37. Increase (Decrease) in Unearned Premium	128,685	40,629
38. Aggregate Write-Ins for Adjustments to Net Income	14,522	107,532
39. TOTAL ADJUSTMENTS (Items 31 through 38)	1,075,890	955,980
40. NET CASH PROVIDED BY OPERATING ACTIVITIES	1,083,023	1,358,853

(Item 30 adjusted by Item 39 must agree to Item 11)

7

**DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES**

2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0

**DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME**

3801. Retirement plan payable	19,190	44,531
3802. Other receivable	-23	2,294
3803. Accrued wages	-4,645	60,707
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	14,522	107,532

**REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)**

	1	2
	Current Period	Year-to-Date
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
1. Net Income (Loss)	7,133	402,873
<b>ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES:</b>		
2. Depreciation and Amortization		
3. Unrealized Gains/Losses on Equity Securities		
4. Gain/Loss on Sale of Assets		
5. Deferred Income Taxes		
<b>CHANGE IN OPERATING ASSETS AND LIABILITIES</b>		
<b>(Increase) Decrease in Operating Assets:</b>		
6. Receivables		
7. Prepaid Expenses		
8. Affiliate Receivables		
9. Aggregate write-ins for (increase) decrease in operating assets	0	0
<b>Increase (Decrease) in Operating Liabilities:</b>		
10. Trade Accounts Payable		
11. Capitation Payable		
12. Claims Payable and IBNR		
13. Other Medical Liability		
14. Unearned Premiums		
15. Affiliate Payables		
16. Aggregate write-ins for increase (decrease) in operating liabilities	0	0
17. <b>NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES</b>	7,133	402,873
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
18. Proceeds from Restricted Cash and Other Assets		
19. Proceeds from Investments		
20. Proceeds for Sales of Property, Plant, and Equipment		
21. Payments for Restricted Cash and Other Assets		
22. Payments for Investments		
23. Payments for Property, Plant, and Equipment		
24. Aggregate write-ins for cash flow provided by investing activities	0	0
25. <b>NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES</b>	0	0
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>		
26. Proceeds from Paid-in-Capital or Issuance of Stock		
27. Loan Proceeds from Non-Affiliates		
28. Loan Proceeds from Affiliates		
29. Principal Payments on Loans from Non-Affiliates		
30. Principal Payments on Loans from Affiliates		
31. Dividends Paid		

32.	Principal Payments under lease obligations		<b>8</b>
33.	Aggregate write-ins for cash flow provided by financing activities	0	0
34.	<b>NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES</b>	0	0
35.	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	7,133	402,873
36.	CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		
37.	CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	7,133	402,873

**REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)**

1	2	3
	Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS</b>		
901.		
902.		
903.		
998. Summary of remaining write-ins for Item 9 from overflow page		
999. TOTALS (Items 901 thru 903 plus 998)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES</b>		
1601.		
1602.		
1603.		
1698. Summary of remaining write-ins for Item 16 from overflow page		
1699. TOTALS (Items 1601 thru 1603 plus 1698)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>		
2401.		
2402.		
2403.		
2498. Summary of remaining write-ins for Item 24 from overflow page		
2499. TOTALS (Items 2401 thru 2403 plus 2498)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES</b>		
3301.		
3302.		
3303.		
3398. Summary of remaining write-ins for Item 33 from overflow page		
3399. TOTALS (Items 3301 thru 3303 plus 3398)	0	0



**REPORT #4: ENROLLMENT AND UTILIZATION TABLE****TOTAL ENROLLMENT**

<b>1</b> Source of Enrollment	<b>2</b> Total Enrollees At End of Previous Period	<b>3</b> Additions During Period	<b>4</b> Terminations During Period	<b>5</b> Total Enrollees at End of Period	<b>6</b> Cumulative Enrollee Months for Period	Total Member Ambulatory Encou	
						<b>7</b> Physicians	<b>8</b> Non-Physicians
1. Group (Commercial)	80,567	2,128	3,227	79,468	79,468		
2. Medicare Risk				0			
3. Medi-Cal Risk				0			
4. Individual	2,854	24	15	2,863	2,863		
5. Point of Service				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0
7. Total Membership	83,421	2,152	3,242	82,331	82,331	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT							
601.				0			
602.				0			
603.				0			
Summary of remaining write-ins for							
698. Item 6 from overflow page				0			
Totals (lines 601 through 603 plus							
699. 698) (Line 6 above)	0	0	0	0	0	0	0

nters for Period	10	11	12
9 Total	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay
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**1****NOTES TO FINANCIAL STATEMENTS**

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**1****OVERFLOW PAGE FOR WRITE-INS**

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## STATEMENT AS OF 1-31-2002 OF 933-0059 Dental Health Services

## KNOX-KEENE

## SUPPLEMENTAL INFORMATION

## PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1	2
1.	Net Equity	\$	1,689,470
2.	Add: Subordinated Debt	\$	
3.	Less: Receivables from officers, directors, and affiliates	\$	-234,795
4.	Intangibles	\$	
5.	Tangible Net Equity (TNE)	\$	1,454,676
6.	Required Tangible Net Equity (See Below)	\$	291,059
7.	TNE Excess (Deficiency)	\$	1,163,616
		Full Service Plans	Specialized Plan
A.	Minimum TNE Requirement	\$ 1000000	Minimum TNE Requirement \$ 50000
B.	REVENUES:		
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue \$ 150,000
	Plus		Plus
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million \$ 48,557
10.	Total	\$	Total \$ 198,557
C.	HEALTHCARE EXPENDITURES:		
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis. \$ 291,059
	Plus		Plus
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis. \$
	Plus		Plus
13.	4% of the annualized hospital expenditures		4% of the annualized hospital expenditures

	paid on a managed hospital payment basis.	\$		paid on a managed hospital payment basis.	\$	
14.	Total	\$		Total	\$	291,059
15.	Required "TNE" - Greater of "A" "B" or "C"	\$		Required "TNE" - Greater of "A" "B" or "C"	\$	291,059